Data Analysis for South Dakota Head Start Survey

May 17, 2019

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File 01: Description of Survey Process

The Head Start Act requires the State Head Start Collaboration Offices (HSCO) to conduct an annual assessment of Head Start and Early Head Start grantees in the areas of collaboration, coordination and alignment of services, along with alignment of curricula and assessments used in Head Start programs with the Head Start Child Development and Early Learning Outcomes Framework, and State Early Learning Guidelines. Information collected from this survey will be used to help inform the HSCO strategic plan, which includes assistance and support for Head Start/Early Head Start grantees.

The Head Start Collaboration Office created a survey for the South Dakota participants; one form of the survey was aimed at Program Directors who, by virtue of their position, have a deep knowledge of the program's reach and a broad perspective of what is going on across the state. A second form of the survey, with a reduced amount of questions, was sent to Component Managers in the state. This second form gives a measure of frontline issues of people engaged in working within communities.

The survey was sent by the South Dakota Head Start Association in collaboration with the SD Head Start Collaboration Office using SurveyMonkey® and the results were sent to Sumption & Wyland, a consulting firm located in Sioux Falls, SD, for collation and interpretation. This was done to assure an independent third-party review of the data. Sumption & Wyland is led by Margaret J. Sumption, MSED, LPC, SHRM-SCP, SPHR. Sumption has a long history with Head Start, acting as a national grant reviewer, Head Start program advisory board member in her home community, and as volunteer Secretary of the South Dakota Head Start Association. She is trained as an elementary and special education teacher. Working with her is Russell McKnight, who has a 20-year career in healthcare and higher education marketing analytics. This is the second year in a row that Sumption & Wyland has collaborated with the SD Head Start program to survey Directors and Managers.

Director level, who participated?
On the Director level, nine people were invited to take the survey and all did so. Significant demographics for this group include the number of years in this position, the education level of the participants and the level of interest in pursuing a more advanced degree.

Director level participation: It is worth noting that 3 of the 9 director participants, or 33%, have held their position for seven years or longer. In 2018 the percentage was 60%, indicating that several long-time directors moved on.

Length of service	Response by percent	Number of participants
Less than 1 year	22%	2
1-3 years	11.1%	1
4-6 years	33.3%	3
7 + years	33.3%	3
Total		**9**

Education level for Directors: One Director level participant holds a PhD. Six have attained Master's Degrees and two have a Bachelor's degree.

Highest degree earned	Response by percent	Number of participants
Associate Degree	0	0
Bachelor's Degree	22.2%	2
Master's Degree	66.7%	6
PhD	11.1	1
Total		**9**

When asked if they have interest in pursuing a higher educational degree, eight replied no while one expressed interest in doing so.

Are you interested in pursuing a higher educational degree?	Response by percent	Number of participants
Yes	11.1	1
No	88.9%	8
Total		**9**

Component Manager participation

On the Component Management level, 39 people were invited to take the survey and all did so. Significant demographics for this group include the number of years in this position, the education level of the participants and the level of interest in pursuing a more advanced degree. Component managers are spread throughout the state, with some concentration in larger communities like Sioux Falls and Rapid City. However, overall, there is a somewhat even distribution of people across the state.

Component Manager level participation: It is worth noting that with 24 Component Managers having seven or more years on the job, the overall percentage of lengthy

experience is greater than at the director level. Having around 60% of the staff with this level of experience speaks well of the programs stability.

Length of service	Response by percent	Number of participants
Less than 1 year	5.83%	2
1-3 years	15.38%	6
4-6 years	17.95%	7
7 + years	61.54%	24
Total		**39**

Education level for Component Managers: 26 of the participants have a Bachelor Degree, 8 have Associate degrees. 5 Component Managers have a Master's.

Highest degree earned	Response by percent	Number of participants
Associates Degree	20.58	8
Bachelor's Degree	66.67%	26
Master's Degree	12.82%	5
PhD	0	0
Total		**39**

When asked about interested in pursuing a higher educational degree, 24 Component Managers said no while 15 expressed interest in doing so.

Are you interested in pursuing a higher educational degree?	Response by percent	Number of participants
Yes	38.46%	15
No	61.54%	24
Total		**39**

There was no strong consensus on the best method of pursuing an advanced degree, with almost equal interest in local in-person classes and online classes, almost equal interest in summer classes vs. school year classes along with interest in evening and weekend classes.

Obstacles and Issues: In a section of the survey where participants listed obstacles that they face in advancing their education there were many comments that pointed out the financial burden of paying for education, the pressure of trying

to balance family life and care for children with a full time job while trying to work on a degree. There are calls for work schedule adjustments, paid time away for educational opportunities, and scholarship funds for employee education. There were also calls for non-credit continuing education, conferences and in-service educational opportunities.

Two Year Comparison: In 2019 the education level of Directors and Managers continued to climb as one director achieved a PhD and the number of managers with a completed Bachelors Degree climbed to 26. In 2018, 3 Directors expressed interest in earning a higher degree and in 2019 that number fell to 1. Among Component Managers there remains a strong group, 38%, who would like to earn a higher educational level. Otherwise much remains the same with both desire to complete advanced degrees and a number of personal and professional reasons that make that advancement difficult.

File 02: A Description of Current Activities, Relationships and Resources in Support of Head Start

Please indicate whether current activities, relationships and/or resources adequately support objectives for families and/or program.

The chart below represents the results from the Program Managers.

Activity	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Establishing Medical Home Providers	93.94% 31	3.03% 1	3.03% 1	33
Establishing Dental Home Providers	78.79% 26	18.18% 6	3.03% 1	33
Accessing Mental Health Services	48.48% 16	48.48% 16	3.03% 1	33
Helping Families access nutritional services (WIC, SNAP, summer meals, etc)	87.88% 29	12.12% 4	0% 0	33
Housing Assistance (subsidies, utilities, repairs)	57.58% 19	42.42% 14	0 0	33
Accessing TANF (Temporary Assistance for Needy Families)	87.88% 29	12.12% 4	0% 0	33
Accessing Employment and Training/Labor Services	69.70% 23	30.36% 10	0% 0	33
Identify and enroll children in foster care	65.63% 21	34.38% 11	0% 0	32
Accessing Employment and Training/Labor Services	65.63% 21	31.25% 10	3.13% 1	32
Assisting families with services related to physical fitness and obesity prevention of children	42.44% 14	36.6754.54% 18	3.03% 2	33
Availability of English Language Learners Programs and Services	27.27% 4	66.67% 22	6.06% 2	33
Library resources/services	96.88% 31	3.13% 1	0% 0	32
Coordination with Early Intervention Services Part B; Birth to Three	75.76% 25	21.21% 7	3.03% 1	33
Coordination with Early Intervention Services Part C. Pre-K	84.85% 28	12.12% 4	3.03% 1	33
Arranging coordinated services for children with special health care needs or disabilities	62.86% 22	34.29% 12	2.86% 1	35
Helping pregnant moms access health care	80.65% 25	9.68% 3	9.68% 3	31
Access to Substance Abuse services	50%	50%	0%	32

	16	16	0	
Support for the referral process to Child Abuse/Neglect services	77.14% 27	20% 7	2.86% 1	35
Access to Domestic Violence services	81.82% 27	15.15% 5	3.03% 1	33
Availability of Military Families services	46.88% 15	53.13% 17	0% 0	32
Availability of transportation assistance to appointments	51.52% 17	45.45% 15	3.03% 1	33
Assisting eligible families in enrollment in Home Visitation services	75% 24	21.28% 7	3.13% 1	32
Provision of services to meet the needs of working parents	62.5% 20	37.5% 12	0% 0	32
Coordination with school pre-K screenings	88.24% 30	11.76% 4	0% 0	34
Coordination transitions to other Head Start programs	88.24% 30	11.76% 4	0% 0	34
Identify and enroll Head Start/Early Head Start income eligible families	86.67% 26	13.33% 4	0% 0	30
Identify and enroll homeless children	70.97% 22	29.03% 9	0% 0	31
Incorporating family literacy	64.52% 20	35.48% 11	0% 0	31
Supporting family engagement	69.7% 23	30.3% 10	0% 0	33
Availability of Health Education Opportunities for families	56.25% 18	43.75% 14	0% 0	32

The chart below represents the results from the Head Start Directors.

Activity	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Establishing Medical Home Providers	77.77% 7	11.11% 1	11.11% 1	9
Establishing Dental Home Providers	55.55% 5	44.44% 4	0% 0	9
Accessing Mental Health Services	22.22% 2	77.77% 7	0% 0	9
Helping Families access nutritional services (WIC, SNAP, summer meals, etc)	77.77% 7	22.22% 2	0% 0	9
Housing Assistance (subsidies, utilities, repairs)	66.66% 6	22.22% 2	1.11% 1	9
Accessing TANF (Temporary Assistance for Needy Families)	88.88% 8	1.11% 1	0% 0	9
Accessing Employment and Training/Labor Services	77.77% 7	22.22% 2	0% 0	9
Identify and enroll children in foster care	66.66% 6	22.22% 2	11.11% 1	9

Accessing Employment and Training/Labor Services	77.77% 7	22.22% 2	0% 0	9
Availability of Health Education Opportunities for families	66.66% 6	22.22% 2	11.11% 1	9
Assisting families with services related to physical fitness and obesity prevention of children.	66.66% 6	33.33% 3	0% 0	9
Availability of English Language Learners Programs and Services	30% 3	66.66% 6	0% 0	9
Library resources and services	88.88% 8	0% 0	1.22% 1	9
Coordination with Early Intervention Services Part B; Birth to Three	44.44% 4	33.33% 3	22.22% 2	9
Coordination with Early Intervention Services Part C. Pre-K	55.55% 5	22.22% 2	22.22% 2	9
Arranging coordinated services for children with special health care needs or disabilities	66.66% 6	33.33% 3	0% 0	9
Helping pregnant moms access health care	33.33% 3	44.44% 4	22.22% 2	9
Access to Substance Abuse services	33.33% 3	66.66% 6	0% 0	9
Support for the referral process to Child Abuse/Neglect services	66.66% 6	33.33% 3	0% 0	9
Access to Domestic Violence services	55.55% 5	44.44% 4	0% 0	9
Availability of Military Families services	77.77% 7	0% 0	22.22% 2	9
Availability of transportation assistance to appointments	44.44% 4	55.55% 5	0% 0	9
Assisting eligible families in enrollment in Home Visitation services	77.77% 7	11.11% 1	11.11% 1	9
Provision of services to meet the needs of working parents	55.55% 5	33.33% 3	11.11% 1	9
Coordination with school pre-K screenings	66.66% 6	11.11% 1	22.22% 2	9
Coordination transitions to other Head Start programs	77.77% 7	11.11% 1	11.11% 1	9
Identify and enroll Head Start/Early Head Start income eligible families	33.33% 3	66.66% 6	0% 0	9
Identify and enroll homeless children	55.55% 5	33.33% 3	11.11% 1	9
Incorporating family literacy	66.66% 6	33.33% 3	0% 0	9
Supporting family engagement	66.66% 6	33.33% 3	0% 0	9

The data presented indicates varying levels of success in the areas where services are provided, referrals and the relative successes of meeting the needs of families served by Head Start. The data suggest that, as a group, the Directors are more critical of the success/failure of these initiatives than the Component Managers by a slight margin.

Among the successes that can be pointed to where Head Start collaborates well and effectively with other social agencies are:
- Helping families access nutritional services (WIC, SNAP, summer meals, etc)
- Coordination with school pre-K screenings
- Access to domestic violence services
- Establishing Medical Home Providers
- Accessing TANF (Temporary Assistance for Needy Families)
- Helping families access nutritional services (WIC, SNAP, summer meals, etc)

Areas of concern where there are clear impediments to success include:
- Establishing dental home providers
- Accessing mental health services
- Availability of English Language Learners (ELL) programs and services
- Assisting families with services related to physical fitness and obesity prevention for children
- Access to substance abuse services

Suggested changes/fixes by Head Start staff:
In the sections where individual comments were asked for, many wise and nuanced suggestions were made suggesting paths forward to make effective changes that would increase the success of these initiatives including:

- Finding a way to do intake for families that need mental health services. Hard to get them to follow through once referrals are made.
- Transportation to appointments mainly to ensure follow-through would be a nice option.
- Medical & dental homes are lacking in some outlying areas. Some dentists will only take a few Medicaid patients.
- Mental health services in the area are spread extremely thin making it difficult for them to be able to see children as often as needed.
- Getting harder to meet income qualifications/standards as more parents are trying to work and the amount is so low. If we could use state requirements or minimum wage, we'd be able to serve more qualifying families.
- Local DSS offices are overwhelmed - often waiting list for mental health services - services for working families, it's hard for families to take time off work during day to access, wish more had evening hours.

- Convene a statewide summit of homeless liaisons of school districts and Head Start staff.
- We need more language translators at a reasonable cost.
- We don't have many military families, but have resources in the community for them when they do enroll.

Two Year Comparison: In 2019 vs. 2018, an increase in adequate support for finding medical and dental home providers was reported while noting a decrease in the availability of mental health services. Other areas that showed a decrease of availability in 2019 include, availability of English language learners programs, arranging coordinated services for children with special health care needs or disabilities, services for working parents, access to substance abuse services and availability of transportation services for appointments. Much of the data remains consistent between the two years.

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File 03: Collaborative Challenges

Please indicate the extent of difficulty involved in collaborating with services.

This chart represents the Directors surveyed

Collaborative Service	Extremely Difficult	Difficult or Somewhat Difficult	Not Difficult at All	Total
Access to Mental Health Services	22.2% 2	55.6% 5	22.2% 2	9
Work with TANF, Employment & Training, and other support services for recruitment	11.1% 1	22.2% 2	66.7% 6	9
Implement policies/procedures to prioritize enrollment for welfare system children	0% 0	11.1% 1	88.9% 8	9
Establish partnerships/linkages with child care providers	11.1% 1	55.6% 5	33.3% 3	9
Capacity to blend or braid HS and child care funds to provide full day services	22.2% 2	44.4% 4	33.3% 3	9
Establishing partnerships with key literacy providers (libraries, councils, foundations)	0% 0	55.6% 5	44.4% 4	9
Obtaining timely Part B/619 and Part C evaluations	22.2% 2	55.6% 5	22.2% 2	9
Coordinating Services with Part B/619 and Part C providers	11.1% 1	55.6% 5	22.2% 2	9
Sharing data/information on jointly served children (assessments/outcomes)	0% 0	55.5% 5	44.4% 4	9
Establishing partnerships with Law Enforcement	0% 0	33.3% 3	66.7% 6	9
Establishing partnerships with public prevention/treatment services	22.2% 2	44.4% 4	33.3% 3	9
Obtaining In-Kind Community Services for children/families in your program	0% 0	44.4% 4	55.6% 5	9

This chart represents the Component Managers surveyed

Collaborative Service	Extremely Difficult	Difficult or Somewhat Difficult	Not Difficult at All	Total
Access to Mental Health Services	6.66% 2	66.7% 20	26.7% 8	30
Work with TANF, Employment & Training, and other support services for recruitment	3.5% 1	37.9% 11	58.6% 17	29
Implement policies/procedures to prioritize enrollment for welfare system children	3.3% 1	23.3% 7	73.4% 22	30
Establish partnerships/linkages with child care providers	7.2% 2	53.5% 15	39.3% 11	28
Capacity to blend or braid HS and child care funds to provide full day services	10.3% 3	55.2% 16	34.5% 10	29
Establishing partnerships with key literacy providers (libraries, councils, foundations)	3.4% 1	43.4% 13	53.2% 16	30
Obtaining timely Part B/619 and Part C evaluations	6.9% 2	58.6% 17	34.5% 10	29
Coordinating Services with Part B/619 and Part C providers	3.57% 2	32.14% 14	64.29% 13	29
Sharing data/information on jointly served children (assessments/outcomes)	6.3% 2	62.5% 20	31.2% 10	32
Establishing partnerships with Law Enforcement	3.3% 1	53.3% 16	43.4% 13	30
Establishing partnerships with public prevention/treatment services	3.7% 1	66.7% 18	29.6% 8	27
Obtaining In-Kind Community Services for children/families in your program	3.4% 1	58.6% 17	38% 11	29

Each survey participant was asked three open-ended questions where answers are written out. This section provides thoughts and ideas that should provide the basis for deeper discussion. The questions are:

- Describe areas of difficulty in collaborative activities. Examples:
  - There aren't many mental health services/providers in some of our rural communities.

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- o I think everyone is busy and it's hard sometimes to get people to respond because they are swamped in their own programs and jobs.
  - o Most difficulty is finding childcare facilities interested in partnering with us when funding is available.
  - o Due to large volumes of children needing services, it's sometimes difficult to obtain assessment information in a timely manner.
  - o Getting parents to follow through on mental health services.
  - o We have applied three times for Early Head Start childcare partnership funding and it has not been awarded.
- Identify partnerships or resources that would be helpful in attempts to collaborate.
  - o WIC office helping with LEADS.
  - o Advocacy for building partnerships statewide, access to services via social media/ on-line for rural communities, etc.
  - o SD Dept of Social Services (DSS) needs to figure out how to make blending of funds more easy for families.

- Describe challenges to coordinate services for children with disabilities
  - o Coordination with school districts and timing. In addition, parent follow-up can be challenging.
  - o Inclusion issues. Coops tend to want them isolated and not be in same room as us.
  - o Staffing in our own centers (both numbers and lack of training) for the increased number of higher needs. Training for our own staff. Obtaining assessments and paperwork in a timely manner - depending on the coop/school district.
  - o Blended classrooms are often difficult to maintain due to the numbers of children who need services fluctuating causing higher than desired class sizes. Some issues are staff still not being invited to IFSP/IEP meetings; however, that has improved.
  - o Some areas are very rural, especially in Jackson and Haakon Counties
  - o Schools sometimes delaying assessment based on their time or language

Two Year Comparison: Several collaborative areas reported that activities and services were more difficult in 2019 than in 2018, including access to mental health services, sharing data on jointly served children, and capacity to blend funds for full day services. Most of this slippage toward increased difficulty seems to be a result of stress related to increased caseloads on all parties.

File 04: Narrative of Respondent Locations and Participant Numbers

Nine director-level people took the survey. Below is a list of the Head Start programs they represent all programs in the state:

- Inter-Lakes Prenatal to Five
- Northeast SD HS
- Oahe Child Development Center
- Sioux Falls HS
- South Central Child Development
- TREC-Badlands
- USD Head Start
- Youth & Family Services

Below is a list of the towns/cities that the Directors work from:

- Belle Fourche, SD
- Sioux Falls, SD
- Rapid City, SD
- Aberdeen, SD
- Vermillion, SD
- Yankton, SD
- Wagner, SD
- Sioux Falls, SD – District Wide
- Pierre, SD
- Madison, SD

Program Specifics

Specific Program	Yes	No	Total
Head Start	100% 9	0% 0	9
Early Head Start	66.67% 6	33.33% 3	9
Home-Based	88.9% 8	11.11% 1	9
Child Care Partnership	11.1% 1	88.9% 8	9
Licensed by the Department of Social Services	33.33% 3	66.67% 6	9

File 05: Workforce Issues, Directors Only
A major challenge for all Head Start Directors is finding, hiring and retaining qualified staff at all levels of available jobs. Below is a chart rating the difficulties of maintaining a full and qualified staff followed by individual comments on meeting those challenges.

Workforce Issues	Extremely Challenging	Challenging	Not Challenging	Total
Ability to hire staff meeting degree requirements	22.22% 2	66.67% 6	11.11% 1	9
Ability to hire staff with desired professional experience	0% 0	88.89% 8	11.11% 1	9
Access to degree completion programs for staff needing to meet qualifications	11.11% 1	77.78% 7	11.11% 1	9
Staff Retention	11.11% 1	77.78% 7	11.11% 1	9

Directors were asked to describe areas of challenge in detail. Below is a selection of answers that represent the major concerns expressed.

- Finding a CDA reviewer from the National office
- Head Start Regulations (the HSA) incorrectly presume the availability of degree programs in all rural areas. Additionally, with only 15-20% of the population possessing post-high school degrees, it makes the effort to recruit even more challenging with regard to teaching positions.
- Early Childhood in SD and certification. Many have Kindergarten but not necessarily Early Childhood certification.
- Lack of qualified applicants in specific communities, the pay scale is too low to compete with other entities needing qualified staff (i.e., schools), and access to degree programs and time to complete.
- Very few applicants for teacher aide positions have CDA. It is difficult to hire teachers due to salary gap between our program and local school districts.
- Hiring qualified home visitors in the towns they work in
- EHS with I/T experience and degree or correct CDA is difficult and competing with salary at school, primarily in SF.
- The unemployment rate is so low.

The second question asked of Directors is to identify partnerships or resources that would be helpful to address workforce challenges.

- WIC office helping with LEADS

- Advocacy for building partnerships statewide, access to services via social media/ online for rural communities, etc.
- Dept of Social Services needs to figure out how to make blending of funds more easy for families

With regard to workforce issues, many obstacles and issues revolve around the affordability and availability of educational programs and ongoing concerns with salaries for positions in Head Start predominate the Directors' concerns. With different districts having different salaries, competition between Head Start programs has been noted.

Two Year Comparison: Very little has changed in this data set between 2018 and 2019.

File 06: Memorandum of Understanding with School Districts

Of the schools in your service area, how many do not have an existing Memorandum of Understanding?

Program Directors	# Without an agreement
1	0
2	0
3	0
4	0
5	0
6	0
7	1
8	0
9	0

Describe challenges to having agreements with every Local Education Agency (LEA) in your service area. Below is a selection of the comments received that bring all of the major issues forward that were raised.

- Our rural schools where we don't currently serve children during a given year (even in home base) are reluctant to sign an agreement when we don't currently "share" any children.
- We don't have the time to build relationships, we have had changes in our program that require me to take on additional caseload, makes it difficult to devote time to this.
- We have agreements with all of the schools districts we work with, not individual schools.
- It works ok...the agreement is fine, our role in their transition plan is challenging
- Different districts have different expectations.

Two Year Comparison: It appears that in 2019 all districts report that MOU's are in place with the exception of one private school whereas many districts did not have MOU's in place in 2018.

File 07: Challenges with Coordination of Children with Disabilities and Mental Health

Both Directors and Component Managers were asked to describe the challenges of coordinating children with disabilities. Below is a sampling of the responses from both groups:

Directors:
- Coordination with school districts and timing. In addition, parent follow-up can be challenging.
- Inclusion issues: Coops tend to want them isolated and not be in same room as us.
- Staffing in our own centers (both numbers and lack of training) for the increased number of higher needs. Training for our own staff.
- Obtaining assessments and paperwork in a timely manner - depending on the coop/school district.
- Blended classrooms are often difficult to maintain due to the numbers of children who need services fluctuating causing higher than desired class sizes.
- Some areas are very rural, especially in Jackson and Haakon Counties
- Schools sometimes delaying assessment based on their time or language (I know there are some rules, but some delay beyond reasonable time)
- Crossing of district boundaries.

Program Managers:

- Birth to Three in our area is changing the entity that serves the area so we are still waiting to see what services will look like. They are also going to a model of screening children via distance services that concern me having done distance services in the past.
- We have good relationships with early intervention but sometimes takes too long or we don't agree with the evaluation when it is completed i.e.: children do not qualify for services when we were certain they would.
- We don't currently run into many challenges coordinating services for children with disabilities as we work with the school to make sure the child is able to attend the SpEd preschool services thru the public school system and still receive 1/2 day of services at Head Start. Moving to an all day program would not allow for those needs to be met.
- It is sometimes difficult to get B-3 to provide information on evaluations/IEP meeting dates so staff can attend. Once we are regularly invited to the IEP/IFSP meetings, we do not experience as many challenges with coordinating services.
- Lack of transportation could be from working parents who can't get children to different places of a lack of other transportation to get them there.

- Children requiring more one-on-one attention may take away from the staff's ability to provide quality care and education to the other students.
- Serving children with more high need disabilities at our own facility (staff ratios, finances for extra staff, training for staff).
- The communication between teachers is sometimes challenging because on both sides time comes into play.
- Transportation can be an issue and if we aren't integrated this can take the kids that qualify and they don't get HS services
- Some of the LEA's getting the follow-up completed after we have referred a child. Sometimes it is the parents not meeting the follow-through.
- It is challenging sometimes to get the families on board to even have their child evaluated.

Many of the obstacles and issues associated with coordinating services to children with disabilities are based on resources, time and the ability to work these needs into an already busy workday. There also does not appear to be universal standards and procedures for how this process should work which makes the experience different in each community.

Two Year Comparison: The situation with regards to providing services to children with disabilities has not changed appreciably between 2018 and 2019. There is some indication that it may be slightly more difficult to serve this population due to ever increasing workloads and stress on existing resources.

File 08: Challenges and Strategies to Assure Successful Transition to School

Both Directors and Component Managers were asked to describe successes and/or challenges for appropriate school personnel to receive transition information. Representative comments are below that cover the major points and concerns of the group.

Directors:

- Getting the paperwork to the correct person and knowing if it is even beneficial to them. Has been part of our 5-year goals. Even after specifically asking for the right contact, teachers report that they aren't getting them.
- We sent out Survey Monkey to all contacts we were given to gather data on this subject and very few responded.
- Successes: Schools do include us on their transition teams and have participated in our School Readiness Team for Planning.
- We have had success e-mailing principals information (with parental permission), we hope it gets to the K-teacher, but that is a bit unknown. We encourage parents to bring information to the school as well.
- When administrators leave their position, we are not always updated right away. Therefore, we send information to the wrong person,

Component Managers:

- We meet annually in the spring to discuss transitions. Children whose families have signed a release of information we give the results of their final assessment to the kindergarten teacher.
- We complete a health summary form for parents to take to Kindergarten Roundup and also provide them with a state shot record to help with the Kindergarten transition. We also obtain written permission at enrollment to share information with school districts.
- We work well with the public school and host a meeting yearly to discuss the transition process and answer any questions the parents and or staff might have at that time.
- We have success with our early years program through school, but transitions to kindergarten communication is lacking
- When children transition from our Head Start program, assessment reports are given to each district for children transitioning to kindergarten (if parental permission has been received). This takes place at the end of the school year. For children on IFSP's/IEP's, we do our best to have staff attend transition

meetings or annual meetings to advocate for the families and provide support when needed.

- We meet with the Kindergarten Teachers, visiting the Kindergarten classrooms has been a success. Sending information about the students moving to the Kindergarten teachers has been a success.
- I think our Education Manager does a great job of sharing pertinent information with the appropriate people via in-services, email, other meetings, etc. However, if there are challenges here, it is typically on the school's end in not getting back to us in a timely manner.
- Lack of data sharing programs makes it difficult to track children as they move into the school system.
- Have been taking steps to improve this as part of our 5-year plan. School personnel have asked if we can attach information to the Infinite Campus system (which we understand is part of the eventual plan?)
- We have a transition form that our staff filled out on each child going to kindergarten. Those sheets are then given to the teacher that will be their Kindergarten teacher.
- We initiate meetings yearly with our local LEA's to meet the needs of our children transitioning into kindergarten.
- We along with Birth to 3 and Early Intervention programs have started scanning and emailing IEPs/IFSPs and ROIs that have helped speed things up.

Both Directors and Component Managers agree that overall this transition is well-handled and that it works well for Head Start, the school districts, and the children and families. Overall a successful program.

An additional question was asked of both groups asking if there would be a benefit to holding a statewide transition summit. Answers indicate that around 90% favor a summit while another 10% favor waiting until later.

Two Year Comparison: The data suggest that transition to school remains a successful aspect of the services offered by Head Start and its partners. This year 90% of those surveyed feel that they are ready for a statewide summit on transition, up from 40% in 2018.

File 09:   Support Services for Families

Description of current activities, relationships and/or resources adequately support objectives for families and/or program.

Directors

Service or Program Area	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Establishing Medical Home Providers	77.8% 7	11.1% 1	11.1% 1	9
Establishing Dental Home Providers	55.6% 5	44.4% 4	0% 0	9
Accessing Mental Health Services	22.2% 2	77.8% 7	0 0	9
Helping families access nutritional services (WIC, SNAP, summer meals, etc)	77.8% 7	22.2% 2	0% 0	9
Housing Assistance (subsidies, utilities, repairs)	66.7% 6	22.2% 2	11.1% 1	9
Accessing TANF (Temp Assistance for Needy Families)	88.9% 8	0% 0	11.1 1	9
Accessing Employment and Training/Labor Services	77.8% 7	22.2% 2	0% 0	9
Identify and enroll children in foster care	66.7% 6	22.2% 2	11.1% 1	9
Accessing Employment and Training/Labor Services	77.8% 7	22.2% 2	0% 0	9
Availability of Health Education Opportunities for families	66.7% 6	22.2% 2	11.1% 1	9
Assisting families with services related to physical fitness and obesity prevention of children	66.7% 6	33.3% 3	0% 0	9
Availability of English Language Learners Programs and Services	33.3% 3	66.7% 6	0% 0	9
Library resources / services	88.9% 8	0% 0	11.1% 1	9
Coordination with Early	44.4% 4	33.3% 3	22.2% 2	9

Service or Program Area	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Intervention Services Part B; Birth to Three				
Coordination with Early Intervention Services Part C; Pre-K	55.6% 5	22.2% 2	22.2% 2	9
Arranging coordinated services for children with special health care needs or disabilities	66.7% 6	33.3% 3	0%	9
Helping pregnant moms access medical care	33.3% 3	44.5% 4	22.2% 2	9
Access to Substance Abuse services	33.3% 3	66.7% 6	0% 0	9
Support for the referral process to Child Abuse/Neglect services	66.7% 6	33.3% 3	0% 0	9
Access to Domestic Violence services	55.6% 5	44.4% 4	0% 0	9
Availability of Military Families services	77.8% 7	0% 0	22.2% 2	9
Availability of transportation assistance to appointments	44.4% 4	55.6% 5	0% 0	9
Assisting eligible families with enrollment in Home Visiting programs	77.8% 7	11.1% 1	11.1% 1	9
Provision of services to meet the needs of working parents	55.6% 5	33.3% 3	11.1% 1	9
Coordination with school pre-k screenings	66.7% 6	11.1% 1	22.2% 2	9
Coordinating transitions to other Head Start programs	88.8% 8	11.1% 1	11.1% 1	9
Identify and enroll Head Start/Early Head Start income eligible families.	33.3% 3	66.7% 6	0% 0	9
Identify and enroll homeless children	55.6% 5	33.3% 3	11.1% 1	9
Incorporating family literacy	66.7% 6	33.3% 3	0% 0	9
Supporting family engagement	66.7% 6	33.3% 3	0% 0	9

Component Managers

Service or Program Area	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Establishing Medical Home Providers	93.75% 30	3.13% 1	3.13% 1	32
Establishing Dental Home Providers	77.41% 24	19.35% 6	3.22 1	31
Accessing Mental Health Services	48.48% 16	48.48% 16	3.45 1	33
Helping families access nutritional services (WIC, SNAP, summer meals, etc)	87.87% 29	12.12% 4	0% 0	33
Housing Assistance (subsidies, utilities, repairs)	57.57% 19	42.42% 14	0% 0	33
Accessing TANF (Temp Assistance for Needy Families)	87.87% 29	12.12% 4	0% 0	33
Accessing Employment and Training/Labor Services	69.69% 23	30.31% 10	0% 0	33
Identify and enroll children in foster care	63.63% 21	33.33% 11	0% 0	33
Accessing Employment and Training/Labor Services	65.63% 21	31.25% 10	3.13% 1	32
Availability of Health Education Opportunities for families	56.25% 18	43.75% 14	0% 0	32
Assisting families with services related to physical fitness and obesity prevention of children	42.42% 14	54.54% 18	3.03% 1	33
Availability of English Language Learners Programs and Services	24.34% 8	70% 21	6.66% 2	30
Library resources / services	96.7% 30	3.3% 1	0% 0	31
Coordination with Early Intervention Services Part B; Birth to Three	75.75% 25	21.21% 7	3.03% 1	33
Coordination with Early Intervention Services Part C; Pre-K	84.84% 28	12.12% 4	3.03% 1	33
Arranging coordinated services for children with special health care needs or disabilities	62.85% 22	34.28% 12	2.86 1	35

Service or Program Area	Adequate support to complete objectives	More support needed to complete objectives	No need for this in our program	Total
Helping pregnant moms access medical care	80.64% 25	9.67% 3	9.67% 3	31
Access to Substance Abuse services	50% 16	50% 16	0% 0	32
Support for the referral process to Child Abuse/Neglect services	74.14% 27	20% 7	2.85% 1	35
Access to Domestic Violence services	81.81% 27	15.15% 5	3.03% 1	33
Availability of Military Families services	50% 15	50% 15	0% 0	30
Availability of transportation assistance to appointments	53.12% 17	46.66% 14	3.12% 1	32
Assisting eligible families with enrollment in Home Visiting programs	77.41% 24	19.35% 6	3.22% 1	31
Provision of services to meet the needs of working parents	64.51% 20	35.48% 11	0% 0	31
Coordination with school pre-k screenings	90.90% 30	9.09% 3	0% 0	33
Coordinating transitions to other Head Start programs	88.23% 30	11.76% 4	0% 0	34
Identify and enroll Head Start/Early Head Start income eligible families	83.87% 26	16.12% 5	0% 0	31
Identify and enroll homeless children	70% 22	29.04% 9	0% 0	31
Incorporating family literacy	64.51% 20	35.48% 11	0% 0	31
Supporting family engagement	68.75% 22	31.25% 10	0% 0	32

A narrative question followed asking what could be done to support the effort. Below are examples of the comments received that best represent the group.

- Most of the difficulty comes in our rural communities - access to other services and finding the families who need us most. Any assistance in setting up partnerships with statewide agencies and marketing campaigns – We need basic Head Start visibility.

- Visit with foster care system at state level and encourage them to include Head Start information in training for foster care parents.
- I answered for all counties. In some counties, such as Pennington and Lawrence, services for the most part are adequate. However, Northern Meade, Jackson, Haakon and for some Custer and Fall River struggle to get services. What helps is to get the word out to other service programs in all areas, not just big cities about what services Head Start can provide to children and families.
- More mental health providers are needed, but it is also hard to get those that need the services to sign up for them.

Obstacles and issues revolve around that these issues are the most difficult our society faces and all the partnering organizations will have to continue to focus on these issues without guarantee of complete success. In the complex matrix of family services that Head Start engages in there are areas of high success and other areas that need work. In most cases the burden must be shared between different service providers, all of who are in need of further resources thereby making progress uneven and hard to predict.

Two Year Comparisons: The results vary only slightly in 2019 from the 2018 results. Despite some variation in the numbers, the change in percentages remain pretty small and not significant in the overall impact. It is clear that the system is under some stress with more families in need and finite resources being stretched ever further.

File 10: Challenges in Professional Development for Staff

Directors were asked what kinds of professional development activities they and their staff attend. The chart below records the results. It was also noted that local training, online training, webinars were utilized as well. Specific to Sioux Falls, it was commented that the Sioux Falls School District (SFSD) negotiated agreement for teachers/staff provides Head Start with structured staff development opportunities within our calendar year. Head Start is able to plan ahead based on program needs.

Directors:

Professional Development Opportunities	Yes	No	Total
Trainer brought into program	88.89% 8	11.11% 1	9
Attend National Conference	55.56% 5	44.44% 4	9
Attend State/Regional Conference	100% 9	0% 0	9
Attend trainings facilitated by TTA	77.78% 7	22.22% 2	9
Attend Networking sessions	100% 9	0% 0	9

Component Managers:

Professional Development Opportunities	Yes	No	Total
Trainer brought into program	100.00% 31	0.00% 0	31
Attend National Conference	43..75% 14	56.25% 18	32
Attend State/Regional Conference	87.5% 28	12.5% 4	32
Attend trainings facilitated by TTA	83.87% 26	16.13% 5	31
Attend Networking sessions	84.88% 27	15.62% 5	32

In conclusion, it appears that Directors and component managers utilize various types of professional development and recognize the need to keep them current and their staffs engaged through professional development.

Two Year Comparison: Professional Development remains a priority that is actively pursued by almost all Managers sand Directors. No significant changes can be called out from 2018 to 2019.

File 11:   Challenges in Collaboration

Each participant was asked a series of questions concerning collaboration efforts.

Responses:
Please describe areas of difficulty in detail
- Not enough staff to do all that is necessary
- Much of the difficulty is in more rural communities who either don't offer the services locally or are understaffed.
- We have applied three times for Early Head Start childcare partnership funding and it has not been awarded.
- Conversion of slots from home base to center-base FDFY is not feasible without major reduction in enrollment.
- Rural areas continue to struggle with providing transportation to services that require travel. We have communities with no health, dental, mental health, shelters, food banks in their local towns.
- Not enough support for needed services.

Identify partnerships or resources that would be helpful in your attempt to collaborate.
- We could use more physicians and dentists willing to take the Medicaid reimbursement for our families that have no insurance and that are not eligible for Medicaid.
- Law enforcement could provide training on emergency plans and provide education to the children. The library could be utilized more for access to Internet, education, and other services.
- Public school/Head Start partnerships (which already exist), resources for mental health/behavioral training/services.
- Child protection services- it is difficult for us to get ROI's back in a timely manner for health information. Sanford Health also would be beneficial to understand our ROI process and why we collect data and health information.

Indicate the extent of difficulty involved in collaborating with services Directors

Collaborative Service	Extremely Difficult	Difficult/Somewhat Difficult	Not Difficult at All	Total
Access to mental health services	22.2% 2	55.6% 5	22.2% 2	9
Work with TANF, Employment & Training, and other support services for recruitment	11.1% 1	22.2% 2	66.7% 6	9
Implement policies &	0%	11.1%	88.9%	

Collaborative Service	Extremely Difficult	Difficult/Somewhat Difficult	Not Difficult at All	Total
procedures to prioritize enrollment for welfare system children	0	1	8	9
Establish partnerships/linkages with child care providers	11.1% 1	55.6% 5	33.3% 3	9
Capacity to blend or braid HS and child care funds to provide full day services	22.2% 2	44.4% 4	33.3% 3	9
Establishing partnerships with key literacy providers (libraries, councils, foundations)	0.% 0	55.6% 5	44.4% 4	14
Obtaining timely Part B/619 and Part C evaluations	22.2% 2	55.6% 5	22.2% 2	9
Coordinating Services with Part B/619 and Part C providers	11.1% 1	55.6% 5	33.3% 3	9
Sharing data/information on jointly served children (assessments/outcomes)	0% 0	55.6% 5	44.4% 4	9
Establishing partnerships with Law Enforcement	0% 0	33.3% 3	66.7% 6	6
Establishing partnerships with public prevention/treatment services	22.2% 2	44.5% 4	33.3% 3	9
Obtaining In-Kind Community Services for children/families in your program	0% 0	44.4% 4	55.6% 5	9

Component Managers

Collaborative Service	Extremely Difficult	Difficult/Somewhat Difficult	Not Difficult at All	Total
Access to mental health services	6.89% 2	65.52% 19	27.58% 8	29
Work with TANF, Employment & Training, and other support services for recruitment	3.33% 1	36.66% 11	60.00% 18	30
Implement policies & procedures to prioritize enrollment for welfare system children	3.33% 1	23.33% 7	73.33% 22	30
Establish partnerships/linkages with child care providers	6.67% 2	53.33% 16	40.00% 12	30
Capacity to blend or braid HS and child care funds to provide full day services	13.33% 4	53.33% 15	33.33% 10	30
Establishing partnerships with key literacy providers (libraries, councils, foundations)	3.33% 1	43.33% 13	53.33% 16	30
Obtaining timely Part B/619 and Part C evaluations	7.14% 2	60.71% 17	32.14% 9	28
Coordinating Services with Part B/619 and Part C providers	6.89% 2	48.27% 14	44.82% 13	29
Sharing data/information on jointly served children (assessments/outcomes)	6.45% 2	64.51% 20	29.03% 9	31
Establishing partnerships with Law Enforcement	3.33% 1	53.33% 16	43.33% 13	30
Establishing partnerships with public prevention/treatment services	3.45% 1	65.51% 19	31.04% 9	29
Obtaining In-Kind Community Services for children/families in your program	3.45% 1	58.62% 17	37.93% 11	29

Two Year Comparison: It is hard to say that the data is trending in new directions. This year, more managers took the survey so that the numbers shifted but not the

net effect as measured by percentages. Again, services are being stretched as more need emerges in community and must be accommodated by a fixed staff.

File 12:   Collaboration Office Recommendations

Respondents were able to provide recommendations for the Collaboration Office to coordinate meetings/summits/institutes that would support statewide efforts that benefit low-income children, birth to school entry, and their families.

The above question was posed to nine Directors as the final question on the survey and only 4 participants gave a significant answer. Here are the comments:

- Mental Health/Behavioral Health for sure, any assistance with transitioning in and out of services, on-line resources for families and staff (especially with CEUs/credit available), campaigning/advertising so the families who need us know how to get to us.
- I think work toward alignment between the SD ELG and k-content standards is important.
- There is some work through SDSU for a mental health summit. I think it would be beneficial to work with them on a summit. Ensuring timing of events works within program systems and LEAs is important when trying to link the two.
- Blending funding for childcare.

Two Year Comparison: While results remain consistent from 2018 and 2019, some new ideas did emerge in the comments. The recommendation for a summit meeting on children's mental health remains a supported idea among Directors. There is a call for better resource information being made available through online and other resources so that people in need can find the services they need more easily.

File 13:   Data Management, Screenings and Curriculum Tools

The survey contained five questions about software and curriculum choices that are utilized in the various Head Start offices throughout the state.

Question 1: What tools do you use to organize your data?

Data Organization Tool	Yes	No	Total
Child Plus (4.5.91.0)	22.22% 2	77.78% 7	9
Child Plus/Child Plus.net	66.67% 6	33.33% 3	9
Growth Step	22.22% 2	77.78% 7	9
Infinite Campus - student enrollment	30.00% 3	70.00% 7	10
PROMIS (Program Resources and Outcomes Management Information System, Cleverex)	0% 0	100.00% 9	9

Question 2: What development screening tools do you use?

Development Screening Tool	Yes	No	Total
ASQ - 3 (Ages & Stages Questionnaire)	77,78% 7	22.22% 2	9
Brigance Early Preschool Screen - II	11.11% 1	88.89% 8	9
Denver Developmental Screening - II	11.11% 1	88.89% 8	9
ASQ - SE (Ages & Stages Questionnaire Social - Emotional)	66.67% 6	33.33% 3	9
DIAL 3	0.00% 0	100.00% 9	9
DIAL 4	100.00% 19	0% 0	9

Curriculum Programs used by SD Head Start personnel

What Parenting Curriculum do you use?
- STEP
- Common Sense Parenting,
- Love and Logic
- CDC Essentials for Parenting;
- Parents as Teachers (PAT)
- Bright Start Responsive Parenting,
- Responsive Parenting

What Home-based Curriculum do you use?

- Creative Curriculum for Home Base
- Parents as Teachers (PAT)
- Partners for a Healthy Baby

What Home-Based Staff-Child Interaction Tool do you use?

- Agency Developed
- HOVRS

Two year Comparison: No significant changes from 2018 to 2019 emerge in the data.

File 14:   Significant Findings and Recommendations

The list below looks at issues that came to the surface and should be addressed by the staff, partners and funding agencies that support Head Start. Clearly the managers and directors are a very dedicated group who work very hard to make life better for so many children and families.

- Education Advancement: Looking at the data, it is clear that directors want to achieve parity with their peers by attaining advanced degrees. Around 66% of directors have a Master's degree and 35% have a Bachelor's degree and one director earned a PhD. Similarly, around 85% of Component Managers have a Master's degree or a Bachelor's degree, with the remaining 20% having an Associate degree. Overall 35% of Component Managers want opportunities to advance their education while only 11% of Directors are interested in a higher degree.
- Issues of affordability, work/life balance and location are inhibiting factors in people being able to work toward their desired level of education. There are indications throughout the survey that people want some creative solutions to this issue including:
  - Scholarships, financial aid and salary adjustments based on educational progress.
  - Some creative organizing and collaboration with educational institutes to create statewide cohorts for Head Start employees working towards a degree.
  - Flexibility with work hours to make further education possible for employees.
- Workforce Issues: Low salaries and starting wages are a constant concern for directors and managers trying to create a stable and qualified workforce. With recent gains by public school teachers, hopefully it will raise the value of Head Start employees.
- Mental health concerns for Head Start students along with students with disabilities combine to require a large effort for the staff. As these needs grow, what can Head Start do to increase funding and staffing to adequately deal with these demanding needs? Clearly both Head Start and its community partners are stressed by these issues along with growing substance abuse and homelessness.
- Access to dental services remains a problem due to not enough practitioners and the refusal of many practices to take Medicaid.
- Despite resource problems and ever increasing need, the staff of Head Start seems to be finding creative and intelligent ways of making the program serve communities far better than one might expect. It also worth noting that the perceptions of the Directors and the Program Managers tend to be very similar with only small variations.